

NHS Brent Stop Smoking Service Update – January 2010

Summary

NHS Stop Smoking Services have since their foundation supported over 2 million people to stop in the short term and 500,000 people to stop long term, saving 70,000 lives.

Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health particularly cancer, coronary heart disease and respiratory disease. According to the recently published **Health Profile report for Brent (2009)** there were 247 deaths attributable to smoking, this compares to 206 early deaths (under 75yrs) from heart disease & stroke and 228 early deaths from cancer.

Reducing smoking is therefore a key improvement area within the overarching health and wellbeing Public Service Agreement (PSA 18). The aim of which is to tackle the underlying determinants of ill health and health inequalities. Current smoking rates in England are 21%. Prevalence of smoking amongst routine and manual socio-economic group continues to be greater than amongst those in managerial and professional group (26% and 15% respectively)

Evidenced based NHS stop smoking support is highly effective both in cost and clinical terms. Costs to the NHS in the UK of treating illness and disease associated with smoking were estimated at £5.2 billion a year in 2005/06, approximately 5.5% of total health care costs

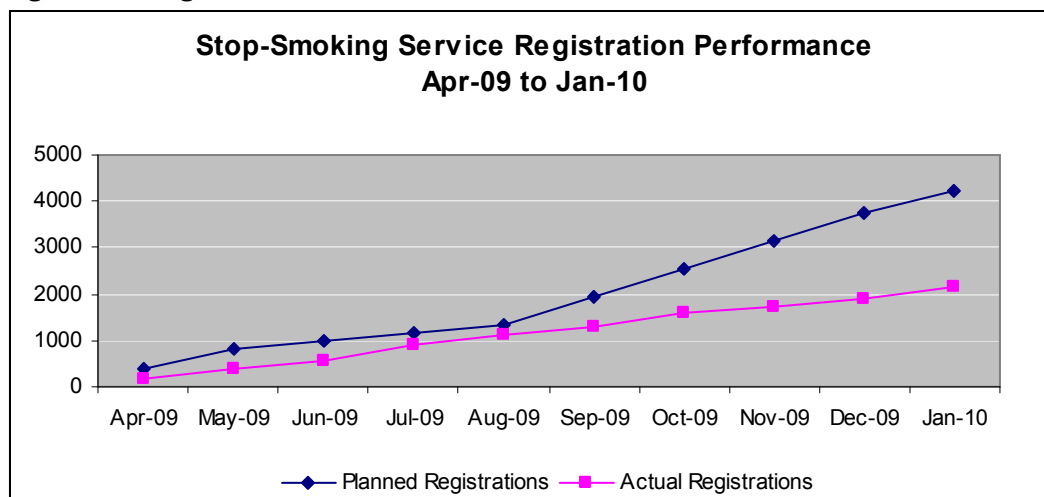
Four week quit target Progress in Brent

The 2009/10 annual 4 week quit target for NHS Brent is **2022**. In 2008/2009 we achieved 734 quits 42% of the annual target (1756).

To achieve this year's target the service requires an estimated **5340 registrations** (set quits) this is based on a 40% conversion rate from set quit to actual quit.

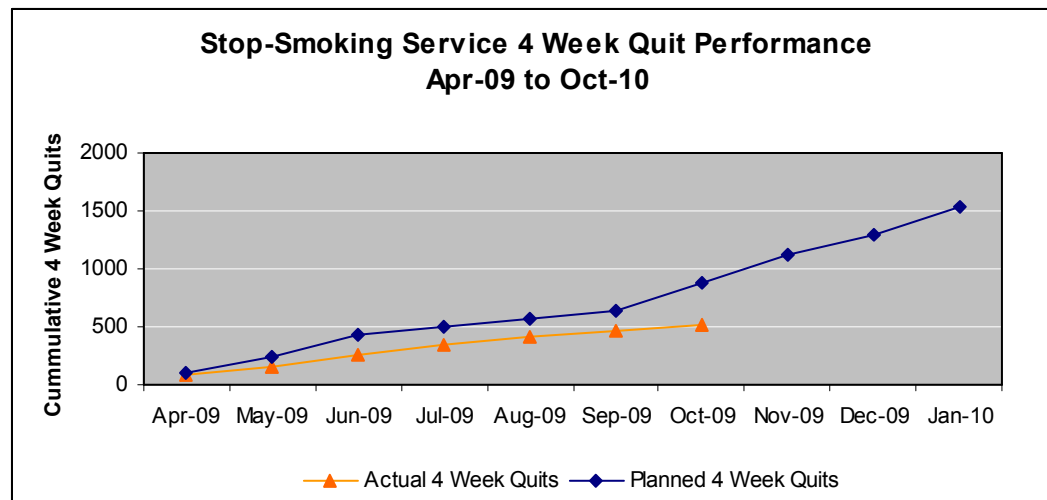
The planned registrations from April 09 to January 2010 are 4230. Current data shows that registrations from April 09 to January 22nd January 2010 stand at 2135. This represents approximately 50% of planned registrations to date.

Figure1: Registration Performance



Applying a **40% conversion rate** from registrations to quit the expected number of quits will be **854 (56% of the planned quit target to date)**.

Figure 2: 4 Week Quit Performance



The actual quit numbers from April 09 to October 09 is 518. This represents 59% of planned target to date. November and December figures are not available due to two month time lag in data submission.

If current performance is maintained and with planned recruitment events e.g. No Smoking Day the service can expect to achieve between 60% and 65% of the annual target.

Brent Stop Smoking Service

Core Team

- Stop Smoking Service Manager
- 3 Stop Smoking Specialist Advisors – 1 vacant post
- 1 Stop Smoking Service Administrator
- 15 health trainers have been trained to deliver smoking cessation support (Level 2) of these 4 are active.

Independent Contractors

- 51 Pharmacies of 71 have signed up to the scheme = (63%)
- 18 GP Practices of 72 have signed up to the scheme = (25%)

Progress to date (January 2010)

A number of measures have been put in place to improve performance and drive up registration numbers including:

- **Infrastructure development** – new web based information system - SONAR pilot up and running in 5 pharmacies including individual training manual for pharmacists. Aim to begin rollout to pharmacists mid February
- **Core team recruitment** of stop smoking manager, service administrator in January 2010. Stop smoking specialist interviews scheduled for February. Recruitment of bank staff ongoing to support the service.

- **Capacity building within the service** –increasing numbers of commissioned providers. Community provider event held in December to promote workplace setting support. Metroline at Willesden/Cricklewood have taken up Level 2 training in January. Mcvities in Harlesden have recruited workplace advisors to be trained in February. Brent Council (Occupational Health) has engaged. However, more support is needed from senior managers/leads within the council to roll out to other directorates and departments.
- A provider Toolkit has been developed and distributed to strengthen arrangements and to improve processes and quality.
- The service has established a presence at Central Middlesex hospital. At Northwick Park Hospital the service has been working closely with Harrow PCT who provide an on site service
- Pathway for pregnant smokers agreed with NW London Hospitals & brief intervention (Level 1) training rolled out to midwives
- **Mentoring scheme for pharmacists** commenced in January 2010 to facilitate peer support and improve the conversion rate of set quit to quit
- **Monthly Level 2 training** to increase capacity across a range of providers -e.g. pharmacists, practice nurses & workplace providers
- **Social marketing campaigns** – Service has participated in local events to increase registrations e.g. Workplace Fair in Harlesden, New You New Year Open Day event. An ASDA Face to face recruitment event took place at Wembley there are 3 more planned events across Brent.

Tobacco Alliance

Stop smoking services are a key part of tobacco control and health inequalities policies both at local and national levels. The Brent Tobacco Control Alliance has continued to build momentum since the joint (Brent Council and NHS Brent) appointment of a Tobacco Control Alliance Coordinator.

The aim of the alliance is to reduce smoking prevalence and tobacco use by:

- supporting the stop smoking service to help people to stop smoking
- help prevent people from starting in the first place
- further reduce exposure to second-hand smoke
- investigate and tackle the use of alternative forms of tobacco prevalent in Brent (such as shish and smokeless tobacco)
- run effective communications and reduce the availability and supply of tobacco products especially to minors.

It is expected that a multi-pronged approach to reducing smoking prevalence in Brent will make a considerable contribution to reducing existing health inequalities.

Analysis of previous stakeholders was carried out. Two successful Tobacco Control Alliance meetings have been held since October 2009. The meetings provided an opportunity to engage with the current work themes.

Currently around 20 stakeholders have engaged from various sectors and Brent Stop Smoking Service is poised to benefit from the work of the alliance a robust Tobacco alliance strategy is expected to be completed summer 2010.

Conclusion

- The 2010 target is unlikely to be achieved. A detailed action plan has been developed with support from the Regional Tobacco Team and this has been submitted (Jan 2010) to NHS London. We can expect feedback early February
- A Stop Smoking Performance Board chaired by the chief executive undertakes the responsibility for monitoring the performance plan. The infrastructure built this year will play a key role in driving up performance and achieving next year's (2010/201) target.

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